

**2014**  
**Public Health Seattle-King County**  
**Temporary Food Event – Coordinator’s Checklist**

**RETURN TO HEALTH DEPARTMENT DISTRICT OFFICE THIRTY (30) DAYS BEFORE EVENT.**

(Submittal of checklist not required for single day events or events with five or less food vendors.)

*Providing the following information will help to ensure that you have a successful event. Be sure to notify all food booth participants of the Health Department requirement to apply for a Temporary Food Permit at least TWO (2) WEEKS PRIOR TO THE EVENT.*

Application for a Temporary Food Permit can be made on-line at <http://www.kingcounty.gov/healthservices/health/ehs/portal.aspx>

1. NAME OF EVENT: \_\_\_\_\_ DATE OF EVENT: \_\_\_\_\_
2. DESCRIBE EVENT LOCATION: \_\_\_\_\_  
\_\_\_\_\_
3. NAMES OF EVENT COORDINATORS/RESPONSIBLE INDIVIDUALS:  

<u>Name</u>	<u>Email</u>	<u>Phone #</u>
_____	_____	_____
_____	_____	_____
4. NUMBER OF ANTICIPATED FOOD BOOTHS: \_\_\_\_\_
5. DATE, TIME, LOCATION OF SCHEDULED MEETINGS WITH FOOD BOOTH PARTICIPANTS:  

<u>Date</u>	<u>Time</u>	<u>Location</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
6. TIME OF:      EVENT SET-UP: \_\_\_\_\_  
                    EVENT OPERATION: \_\_\_\_\_
7. DESCRIBE AVAILABLE RESTROOM FACILITIES FOR FOOD SERVICE WORKERS OF BOOTHS (within 200 feet of booth). Letter of availability may be required.  
\_\_\_\_\_
8. WHO WILL BE SUPPLYING PORTABLE TOILETS FOR THE PUBLIC? \_\_\_\_\_  
\_\_\_\_\_  
(Portable toilets are sufficient for public patronage, but not food workers)
9. WILL ELECTRICITY BE PROVIDED TO THE FOOD BOOTHS?    \_\_\_ Yes    \_\_\_ No    If yes, describe: \_\_\_\_\_  
\_\_\_\_\_
10. WILL EQUIPMENT WASHING FACILITIES BE PROVIDED FOR FOOD BOOTH OPERATORS? \_\_\_ Yes \_\_\_ No  
(If event is over one day dishwashing facilities are required)
  - If yes, describe: \_\_\_\_\_
  - If yes, describe water supply: \_\_\_\_\_
  - If yes, describe waste water disposal: \_\_\_\_\_
11. HOW WILL GARBAGE BE DISPOSED? (i.e., available dumpsters, schedule for garbage removal, etc.):  
\_\_\_\_\_
12. \_\_\_\_\_  

(Signature)(Title)(Date)

Available in alternative format upon request pursuant to ADA

DISTRICT HEALTH CENTERS	
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